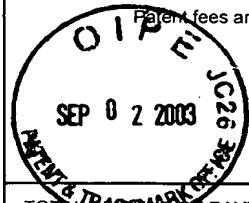


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

AF/2700

## FEE TRANSMITTAL

Fees are subject to annual revision.



TOTAL FEE OF PAYMENT

(\$ 320.00)

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 02-4943

Deposit Account Number: \_\_\_\_\_

 Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17. Applicant claims small entity status. See 37 CFR 1.272.  Payment Enclosed:

(CHECK #44710)

 Check  Credit Card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description        | Fee Paid |
|----------|----------|----------|----------|------------------------|----------|
| 1001     | 750      | 2001     | 375      | Utility filing fee     | \$       |
| 1002     | 330      | 2002     | 165      | Design filing fee      | \$       |
| 1003     | 520      | 2003     | 260      | Plant filing fee       | \$       |
| 1004     | .750     | 2004     | 375      | Reissue filing fee     | \$       |
| 1005     | 160      | 2005     | 80       | Provisional filing fee | \$       |

SUBTOTAL (1) (\$ 0.00)

## 2. EXTRA CLAIM FEES

|                    | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Total claims       | -20** =      | x              | =        |
| Independent Claims | - 3** =      | x              | =        |

Multiple Dependent

\*\* or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description  |
|----------|----------|----------|----------|--|
| 1201     | 84       | 2201     | 42       | Independent claims in excess of 3                          |
| 1202     | 18       | 2202     | 9        | Claims in excess of 20                                     |
| 1203     | 280      | 2203     | 140      | Multiple dependent claim, if not paid                      |
| 1204     | 84       | 2204     | 42       | ** Reissue independent claims over original patent         |
| 1205     | 18       | 2205     | 9        | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 0.00)

| Complete If Known  |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
|--|----------|--|----------|---|-------------------------|--------------|--|--------------|--|-----------------|--|----------|----------|----------|----------|----------|--|------|-----|------|----|--------------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|------------------------------|--|------|-------|------|-------|---|--|------|------|------|------|---|--|------|--------|------|--------|--|--|------|-----|------|----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-------|------|-----|--|--|------|-------|------|-----|---|--|------|-----|------|-----|---------------------------|--|------|-----|------|-----|---|--|------|-----|------|-----|-----------------------------|--|------|-------|------|-------|--|--|------|-----|------|----|-------------------------------------|--|------|-------|------|-----|---------------------------------------|--|------|-------|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|-----|----------------------------------|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|----|------|----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------------------------|--|--|--|--|--|------------------------|--|--|--|--|--|-------------------------------------|--|--|--|--|--|-----------------------|--|--|--|--|--|
| Application Number   |          | 09/942,961 <b>RECEIVED</b>                         |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| Filing Date  |          | 31 August 2001 <b>SEP 09 2003</b>                  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| First Named Inventor   |          | Seung-Cheol HONG et al. <b>OFFICE OF PETITIONS</b> |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| Examiner Name  |          | DHARIA, RUPAL                                      |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| Group/Art Unit   |          | 2181   |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| TOTAL FEE OF PAYMENT   |          | Attorney Docket No. P54428RE <b>RECEIVED</b>       |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| METHOD OF PAYMENT (check one)  |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| FEE CALCULATION (continued)  |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 3. ADDITIONAL FEES <b>SEP 05 2003</b>  |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th colspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td colspan="2">Surcharge-late filing fee or oath \$</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td colspan="2">Surcharge-late provisional filing fee or cover sheet \$</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td colspan="2">Non-English specification \$</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td colspan="2">For filing a request for reexamination \$</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td colspan="2">Requesting publication of SIR prior to Examiner action \$</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td colspan="2">Requesting publication of SIR after Examiner action \$</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td colspan="2">Extension for reply within first month \$</td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> <td colspan="2">Extension for reply within second month \$</td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> <td colspan="2">Extension for reply within third month \$</td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td colspan="2">Extension for reply within fourth month \$</td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td colspan="2">Extension for reply within fifth month \$</td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> <td colspan="2">Notice of Appeal \$320.00</td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td colspan="2">Filing a brief in support of an appeal \$</td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td colspan="2">Request for oral hearing \$</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td colspan="2">Petition to institute a public use proceeding \$</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td colspan="2">Petition to revive - unavoidable \$</td> </tr> <tr> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> <td colspan="2">Petition to revive - unintentional \$</td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> <td colspan="2">Utility issue fee (or reissue) \$</td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> <td colspan="2">Design issue fee \$</td> </tr> <tr> <td>1503</td> <td>630</td> <td>2503</td> <td>315</td> <td colspan="2">Plant issue fee \$</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td colspan="2">Petitions to the Commissioner \$</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td colspan="2">Processing fee for provisional applications \$</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td colspan="2">Submission of Information Disclosure Statement \$</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td colspan="2">Recording each patent assignment per property (Times number of properties) \$</td> </tr> <tr> <td>1809</td> <td>750</td> <td>2809</td> <td>375</td> <td colspan="2">Filing a submission after final rejection (37 C.F.R. §1.129(a)) \$</td> </tr> <tr> <td>1810</td> <td>750</td> <td>2810</td> <td>375</td> <td colspan="2">For each additional invention to be examined (37 C.F.R. §1.129(b)) \$</td> </tr> <tr> <td>1801</td> <td>750</td> <td>2801</td> <td>375</td> <td colspan="2">Request for Continued Examination (RCE) \$</td> </tr> <tr> <td colspan="6">Other Fee (specify) \$</td> </tr> <tr> <td colspan="6">Other Fee (specify) \$</td> </tr> <tr> <td colspan="6">** Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="6">SUBTOTAL (3) \$320.00</td> </tr> </tbody> </table> |          |  |          |   |                         | Large Entity |  | Small Entity |  | Fee Description |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Paid |  | 1051 | 130 | 2051 | 65 | Surcharge-late filing fee or oath \$ |  | 1052 | 50 | 2052 | 25 | Surcharge-late provisional filing fee or cover sheet \$ |  | 1053 | 130 | 1053 | 130 | Non-English specification \$ |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination \$ |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action \$ |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action \$ |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month \$ |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month \$ |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month \$ |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month \$ |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month \$ |  | 1401 | 320 | 2401 | 160 | Notice of Appeal \$320.00 |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal \$ |  | 1403 | 280 | 2403 | 140 | Request for oral hearing \$ |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding \$ |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable \$ |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional \$ |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) \$ |  | 1502 | 470 | 2502 | 235 | Design issue fee \$ |  | 1503 | 630 | 2503 | 315 | Plant issue fee \$ |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner \$ |  | 1807 | 50 | 1807 | 50 | Processing fee for provisional applications \$ |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement \$ |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (Times number of properties) \$ |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 C.F.R. §1.129(a)) \$ |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 C.F.R. §1.129(b)) \$ |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) \$ |  | Other Fee (specify) \$ |  |  |  |  |  | Other Fee (specify) \$ |  |  |  |  |  | ** Reduced by Basic Filing Fee Paid |  |  |  |  |  | SUBTOTAL (3) \$320.00 |  |  |  |  |  |
| Large Entity   |          | Small Entity                                       |          | Fee Description   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) | Fee Paid  |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1051   | 130      | 2051   | 65       | Surcharge-late filing fee or oath \$  |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1052   | 50       | 2052   | 25       | Surcharge-late provisional filing fee or cover sheet \$                       |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1053   | 130      | 1053   | 130      | Non-English specification \$  |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1812   | 2,520    | 1812   | 2,520    | For filing a request for reexamination \$                                     |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1804   | 920*     | 1804   | 920*     | Requesting publication of SIR prior to Examiner action \$                     |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1805   | 1,840*   | 1805   | 1,840*   | Requesting publication of SIR after Examiner action \$                        |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1251   | 110      | 2251   | 55       | Extension for reply within first month \$                                     |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1252   | 410      | 2252   | 205      | Extension for reply within second month \$                                    |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1253   | 930      | 2253   | 465      | Extension for reply within third month \$                                     |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1254   | 1,450    | 2254   | 725      | Extension for reply within fourth month \$                                    |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1255   | 1,970    | 2255   | 985      | Extension for reply within fifth month \$                                     |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1401   | 320      | 2401   | 160      | Notice of Appeal \$320.00   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1402   | 320      | 2402   | 160      | Filing a brief in support of an appeal \$                                     |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1403   | 280      | 2403   | 140      | Request for oral hearing \$   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1451   | 1,510    | 1451   | 1,510    | Petition to institute a public use proceeding \$                              |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1452   | 110      | 2452   | 55       | Petition to revive - unavoidable \$   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1453   | 1,300    | 2453   | 650      | Petition to revive - unintentional \$   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1501   | 1,300    | 2501   | 650      | Utility issue fee (or reissue) \$   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1502   | 470      | 2502   | 235      | Design issue fee \$   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1503   | 630      | 2503   | 315      | Plant issue fee \$  |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1460   | 130      | 1460   | 130      | Petitions to the Commissioner \$  |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1807   | 50       | 1807   | 50       | Processing fee for provisional applications \$                                |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1806   | 180      | 1806   | 180      | Submission of Information Disclosure Statement \$                             |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 8021   | 40       | 8021   | 40       | Recording each patent assignment per property (Times number of properties) \$ |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1809   | 750      | 2809   | 375      | Filing a submission after final rejection (37 C.F.R. §1.129(a)) \$            |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1810   | 750      | 2810   | 375      | For each additional invention to be examined (37 C.F.R. §1.129(b)) \$         |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| 1801   | 750      | 2801   | 375      | Request for Continued Examination (RCE) \$                                    |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| Other Fee (specify) \$   |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| Other Fee (specify) \$   |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| ** Reduced by Basic Filing Fee Paid  |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| SUBTOTAL (3) \$320.00  |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| SUBMITTED BY   |          |  |          |   |                         |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| Typed or Printed Name  |          | Robert E. Bushnell, Esq.                           |          | Reg. Number   | 27,774                  |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |
| Signature  |          | Robert E. Bushnell                                 | Date     | 2 September 2003  | Deposit Account User ID |              |  |              |  |                 |  |          |          |          |          |          |  |      |     |      |    |                                      |  |      |    |      |    |   |  |      |     |      |     |                              |  |      |       |      |       |   |  |      |      |      |      |   |  |      |        |      |        |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |     |      |     |                           |  |      |     |      |     |   |  |      |     |      |     |                             |  |      |       |      |       |  |  |      |     |      |    |                                     |  |      |       |      |     |                                       |  |      |       |      |     |                                   |  |      |     |      |     |                     |  |      |     |      |     |                    |  |      |     |      |     |                                  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |    |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                                     |  |  |  |  |  |                       |  |  |  |  |  |

REB/kf

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.